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THE PATIENTS' ASSOCIATION

The Patients' Association was formed in Britain at the beginning of this year and appears to be active and militant. Its aims are described in the last issue of that valuable sociological quarterly, *Twentieth Century*, by its founder, Mrs. Helen Hodgson, under the title of "Giving the Guineapigs a Voice". Mrs. Hodgson says that it is a voluntary and domestic organization determined to put the patients' point of view through the mass media and by representation to the Ministry of Health and other public bodies. It assists and advises its members, presumably when the medical profession does not behave itself, and it is said to be endeavouring to create understanding and good will between patients and the medical profession. As a means of promoting this good will it is vigorously campaigning on such points as the use of patients for clinical trials. Mrs. Hodgson has expressed alarm in the *British Medical Journal* at the current state of affairs, and her Association is making representations to the Ministry of Health about drugs and experiments on human beings. The Association is also apparently circularizing teaching hospitals with a questionnaire designed to reveal to what extent patients are used as teaching material and are treated by "learner doctors". This study is being made so that "those members who have not already decided to avoid teaching hospitals altogether may make an informed choice". The Association does not, of course, suggest an alternative by which medical students and young doctors can gain experience.

It is also making enquiries into other sources of complaints. It is, for instance, investigating outpatient waiting times and complaints by in-patients. Mrs. Hodgson says that while the Association does not consider that its function is to encourage complaints, it does consider patients should make justified complaints. All this, of course, is guaranteed to spread good will in a system where tension between the giver and receiver of treatment appears to have mounted already in recent years, if the litigation figures are any criterion. There seems to be no criterion for membership beyond paying the small sum of $1.50 a year, so perhaps the doctors of Britain may be well advised to join *en masse* and further this good-will campaign.

PRESCRIBING IN GENERAL PRACTICE

In theory, general practitioners should be eagerly scanning the more readable medical journals for sound advice on therapeutics and amending their prescribing in accordance with the findings of controlled clinical trials of drugs. Perhaps a few editors imagine that they do this. If so, they will get a rude shock from reading the results of two surveys carried out by faculty members of the University of Liverpool on the prescribing habits of a small group of general practitioners (*Brit. Med. J.*, 2: 599, and 604, 1963). The investigators began by selecting 39 volunteer doctors, almost entirely working with National Health Service patients, and asked them over a short period to record the class of illness of the patients they saw, and the source of information which had governed the prescription they wrote for each patient. The team went back nine months later and did the same thing again as a check on the situation and found their results tallied, suggesting that for each practitioner there was a regular prescribing pattern which underwent only minor adjustments.

The most frequent diseases prescribed for were those of the respiratory system, but "rheumatism" and neuroses also figured significantly. The most important source of information in prescribing was alleged to be the practitioner's medical training, and this source was mentioned in 30% of cases. This would be fine, if it were not for the disquieting finding that the older doctors stated that they used their medical training as a source of knowledge to a greater extent than those whose training in therapeutics was more recent and therefore more up-to-date. The next most significant source of information was the pharmaceutical industry; this ran very close to medical training as an information source, since nearly 30% of practitioners' prescriptions were alleged to be motivated by such information. In contrast, the official *British National Formulary*, which is a handy pocket-book of officially recognized drugs, ran a very poor third. Way down the list came such items as discussion with other general practitioners, advice from consultants, and information given by leading medical periodicals. Right at the bottom of the list were textbooks and a Government-sponsored periodical known as the *Prescribers' Journal*. In fairness to the latter, however, it should be pointed out that at the time of the survey it had not long been in existence, and the second survey revealed a little more interest in it.

Whether it is a good thing or a bad thing for so many general practitioners to rely so much on information from the pharmaceutical industry is a moot point. This will obviously depend on the reliability and objectivity of such information. However, the fact that the main alternative seems to be reliance on a system of prescribing learned years ago before the therapeutic explosion took place alters the position a bit. Such a study obviously must be affected by the degree of insight which practitioners have as to their motivation in prescribing; however, there would seem to be scope for an extension of the enquiry with an attempt to devise some more objective tests.

RUBELLA

Ever since the first appearance of reports linking an attack of rubella during pregnancy with specific malformations in the offspring, several questions have arisen about this relationship. The first question is obviously the question of the statistical risk to the offspring. The second question is whether it is possible to prevent rubella in pregnant women. This again is linked up with the question of the relative infectiousness of the disease. In a recent issue of the *British Medical Journal* (2: 419, 1963) the epidemic observation unit of the College of General Practitioners reports on the infectiousness of the disease, basing its findings on a survey of 500 families. In each case, the fate of the members of the household other than the initial patient was recorded. In the 506 families studied there were 510 primary cases and 1704 persons ex-

posed to infection. There were no cases in contacts aged less than six months, and the highest attack rate was in children under 10 years. In adults the rate for women of child-bearing age was about 10 times that for men of the same age group. The attack rate for women in this age group, 3.7%, was similar to that quoted elsewhere, though there was a heavy preponderance in the group of women with no past history of the disease. Assuming the risk of death or major defect in the fetus born to a woman who has suffered rubella during the first 12 weeks of pregnancy to be 25%, the risk of fetal damage for women exposed to infection in a family is of the order of 1%. This must of course be set against the general rate for malformations in the population of 2%.

In the same issue McDonald discusses a survey of results obtained by administration of gamma-globulin for prevention of rubella in pregnancy. He puts the risk of malformation in live-born infants when the mother has had rubella in the first twelve weeks of pregnancy at 15.8% and the risk of abortion or stillbirth at 9.5%. From 1954 to 1961, the Government issued gamma-globulin to doctors for the prevention of rubella in adult women, but in some years the dose was 750 mg. and in others 1500 mg. By the end of 1961, over 16,000 doses had been issued and reports were subsequently received on the use of over 14,000. Analysis of the reports showed that the attack rate for contacts in the home was 1.48% after the smaller dose and 1.13% after the larger dosage. These figures must be set against the figure of 3.7% for untreated women. It seems then that gamma-globulin is of some value for protection against rubella in pregnant women. However, in terms of absolute figures the distribution of gamma-globulin will do little to lower the total figure for congenital malformations, since it may have protected about 20 infants from severe malformation during this period out of at least 100,000 people born in Britain with major congenital malformations.

S. S. B. GILDER

College of General Practice

SECOND NATIONAL CONFERENCE ON "TRAINING FOR GENERAL PRACTICE"

ONE OF the primary objectives of the College of General Practice has been to improve training for the general practice of medicine. This, of course, can be done only by assisting and co-operating with Canadian medical colleges. To this end a conference was held by College of General Practice delegates and leading Canadian medical educators on November 28 and 29, 1962. One of the recommendations emanating from this conference was that a second meeting of this nature be held in 1963 and that it be called jointly by the Association of Canadian Medical Colleges and the College of General Practice. Plans for this conference are now well advanced, having been drawn up by the College's co-ordinating committee on education, whose chairmen are Dr. Bette M. Stephenson of Toronto and Dr. Pierre Houle of Trois-Rivières, Quebec, and representatives of the Association of Canadian Medical Colleges headed by its Executive Secretary, Dr. J. Wendell Macleod.

The 1963 conference will take the form of a three-day workshop type of meeting and will be held in the Park Plaza Hotel, Toronto, November 27-29. There will be about 50 delegates, made up of an equal number of medical educators and general practitioners. The conference will deal with training at the undergradute level only.

The Association of Canadian Medical Colleges is inviting two representatives from each Canadian Faculty of Medicine, one, the chairman of its curriculum committee and the other, the physician in charge of teaching community medicine or a similarly designated subject. The general practitioner delegates will include some of the College's senior officials, a delegate named by each provincial chapter and a delegate from each medical school area, named by the Central Co-ordinating Committee on Education.

This agenda promises to be most interesting.

FIRST DAY — "THE PERSON"

The program will begin with a short plenary session followed by four groups discussing, respectively: (a) Current State of G.P. and Future Expectations, (b) Community Needs and Requirements, (c) Patient Need and (d) Doctor's Need.

These groups will report before the close of the day.

SECOND DAY — "THE PROCESS"

An initial plenary session will consider "The Education of the Basic Physician", followed by four groups considering, respectively: (a) Pre-Medical Education, (b) Pre-Clinical Education, (c) Clinical Education and (d) Examinations.

In the afternoon, all groups will discuss methods and principles of effective learning as applied to Training for General Practice, followed by reports to a plenary session.

THIRD DAY — "THE TEACHER"

An initial full session to consider the role of the teacher in effective learning followed by all groups discussing the role of the teacher in medical education with reference to: The Contribution of the General Practitioner: (a) Areas of General Practice Teaching and (b) Methods.

In the afternoon reports will be heard and conference recommendations drafted.